Form 3506 – Child and Dependent Care Expenses

Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
	Byte Count			4	"nnnn" for variable	
	Start Of Record Sentinel			4	Value "****"	
0000	Record ID			34	Value "FRMbbb3506bbPG01b(9n)b(7n)" 7n=Form Occurrence Number; 9n=Taxpayer SSN	
*0010	Source of Income/Funds Received		AN	35	"STMbnn" or first occurrence	
+0020	Amount of Income/Funds Received		N	12		
0030	Source of Income/Funds Received		AN	35	Second occurrence	
0040	Amount of Income/Funds Received		N	12		
0050	Source of Income/Funds Received		AN	35	Third occurrence	
0060	Amount of Income/Funds Received		N	12		
0070	Source of Income/Funds Received		AN	35	Fourth occurrence	
0080	Amount of Income/Funds Received		N	12		
*0090	Name of Care Provider 1	1(a)	AN	19	"STMbnn" or first occurrence	
+0092	Care Provider 1 – Person	1(d)	A	1	"X" or blank	
+0094	Care Provider 1 – Organization	1(d)	A	1	"X" or blank	
+0110	Street Address 1	1(b)	AN	28		
+0120	City/State/ZIP 1	1(b)	AN	29		
*+0130	SSN/EIN 1	1(e)	AN	9	SSN, EIN, "TaxExempt" or "STMbnn"	
+0140	SSN/EIN Type 1	1(e)	A	1	"S" = SSN or ITIN, "E" = EIN, or blank	
+0150	Telephone Number	1(c)	AN	10	Telephone Number or "UNKNOWN"	
*+0154	Location Care Provided – Street Address 1	1(f)	AN	28	"STMbnn" or first occurrence	
+0156	Location Care Provided – City/State/ZIP 1	1(f)	AN	29		
+0160	Amount Paid 1	1(g)	N	12		

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Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
0170	Name of Care Provider 2	1(a)	AN	19	Second occurrence	
0172	Care Provider 2 – Person	1(d)	A	1	"X" or blank	
0174	Care Provider 2 – Organization	1(d)	A	1	"X" or blank	
0190	Street Address 2	1(b)	AN	28		
0200	City/State/ZIP 2	1(b)	AN	29		
0210	SSN/EIN 2	1(e)	AN	9	SSN, EIN, or "TaxExempt"	
0220	SSN/EIN Type 2	1(e)	A	1	"S" = SSN or ITIN, "E" = EIN, or blank	
0230	Telephone Number	1(c)	AN	10	Telephone Number or "UNKNOWN"	
0234	Location Care Provided – Street Address 2	1(f)	AN	28		
0236	Location Care Provided – City/State/ZIP 2	1(f)	AN	29		
0240	Amount Paid 2	1(g)	N	12		
*0250	Qualifying Person First Name – 1	2(a)	AN	10	"STMbnn", or First occurrence	
+0260	Qualifying Person Last Name – 1	2(a)	AN	15		
+0280	Qualifying Person SSN – 1	2(b)	N	9	(Can be blank if Field 0285 is present)	
+0285	Qualifying Person Died – 1	2(b)	A	4	"DIED" or blank	
+0290	Qualifying Person Date of Birth	2(c)	DT	8	YYYYMMDD	
+0295	Disabled	2(c)	A	1	"X" or Blank	
+0300	Percentage of Physical Custody – 1	2(d)	N	5		
+0310	Qualified Expenses – 1	2(e)	N	12		
0320	Qualifying Person First Name – 2	2(a)	AN	10	Second occurrence	
0330	Qualifying Person Last Name – 2	2(a)	AN	15		
0350	Qualifying Person SSN – 2	2(b)	N	9	(Can be blank if Field 0285 is present)	
0355	Qualifying Person Died – 2	2(b)	A	4	"DIED" or blank	
0360	Qualifying Person Date of Birth	2(c)	DT	8	YYYYMMDD	

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Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
0365	Disabled	2(c)	A	1	"X" or Blank	
0370	Percentage of Physical Custody – 2	2(d)	N	5		
0380	Qualified Expenses – 2	2(e)	N	12		
0390	Qualifying Person First Name – 3	2(a)	AN	10	Third occurrence	
0400	Qualifying Person Last Name – 3	2(a)	AN	15		
0410	Qualifying Person SSN – 3	2(b)	N	9	(Can be blank if Field 0285 is present)	
0415	Qualifying Person Died – 3	2(b)	A	4	"DIED" or blank	
0420	Qualifying Person Date of Birth	2(c)	DT	8	YYYYMMDD	
0425	Disabled	2(c)	A	1	"X" or Blank	
0430	Percentage of Physical Custody – 3	2(d)	N	5		
0440	Qualified Expense – 3	2(e)	N	12		
0570	Amounts in Column (e) or Part IV, Line 27	3	N	12		
0580	Taxpayer Earned Income	4	N	12		
0590	Spouse's Earned Income	5	N	12		
0600	Smaller of Line 3, 4, or 5	6	N	12		
0610	Enter Decimal Amount	7	N	5	Enter as a percentage. Refer to Section 6.2.	
0620	Multiply Line 6 by Line 7	8	N	12		
0630	Enter Decimal Amount	9	N	5	Enter as a percentage. Refer to Section 6.2..	
0640	Multiply Line 8 by Line 9	10	N	12		
0650	Prior Year Expense Credit	11	N	12		
0660	Add Line 10 and Line 11	12	N	12		
	Record Terminus Character			1	Value "#"	

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Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
	Byte Count			4	"nnnn" for variable	
	Start of Record Sentinel			4	Value "****"	
0000	Record ID			34	Value "FRMbbb3506bbPG02b(9n)b(7n)" 7n=Form Occurrence Number; 9n=Taxpayer SSN	
0720	Amount of Dependent Care Benefits	13	N	12		
0730	Amount Forfeited	14	N	12		
0740	Subtract Line 14 From Line 13	15	N	12		
0750	Amount of Qualified Expenses	16	N	12		
0760	Smaller of Line 15 or Line 16	17	N	12		
0770	Taxpayer Earned Income	18	N	12		
0780	Spouse's Earned Income	19	N	12		
0790	Smaller of Line 17, 18, or 19	20	N	12		
0793	Benefits from Sole Proprietorship or Partnership	21	N	12		
0796	Subtract Line 21 from Line 15	22	N	12		
0800	Enter $5000/$2500	23	N	12		
0802	Deductible Benefits	24	N	12		
0804	Smaller of Line 20 or Line 23	25	N	12		
0806	Amount from Line 24	26	N	12		
0808	Excluded Benefits	27	N	12		
0810	Taxable Benefits	28	N	12		
0820	Allowed Amount for Qualifying Persons	29	N	12		
0830	Sum of Line 24 and Line 27	30	N	12		
0840	Subtract Line 30 from Line 29	31	N	12		
0850	Amount from Column (e)	32	N	12		
0860	Smaller of Line 31 or Line 32	33	N	12		

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Field Number	Field Name	Form Ref.	Type	Length	Field Description	2005 Chg
0910	**Worksheet – Credit for 2004 Expenses Paid in 2005** 2004 Qualified Expenses Paid in 2004	1	N	12		9/28
0920	2004 Qualified Expenses Paid in 2005	2	N	12		9/28
0930	Add Line 1 and Line 2	3	N	12		
0940	Enter $3,000 or $6,000	4	N	12		
0950	From Line 24 of 2004 form FTB 3506	5	N	12		9/28
0960	Subtract Line 5 from Line 4	6	N	12		
0970	Smaller Amount of TP or Spouse 2004 Earned Income	7	N	12		9/28
0980	Smaller of Line 3, 6, or 7	8	N	12		
0990	From Line 6 of 2004 form FTB 3506	9	N	12		9/28
1000	Subtract Line 9 from Line 8	10	N	12		
1010	2004 Federal AGI	11	N	12		9/28
1020	2004 Federal AGI Decimal Amount	12	N	5		9/28
1030	Multiply Line 10 by Line 12	13	N	12		
1040	2004 CA AGI Decimal Amount	14	N	5		9/28
1050	Multiply Line 13 by Line 14	15	N	12		
	Record Terminus Character			1	Value "#"	